

Town of Fairview

7400 Concord Highway Monroe NC 28110

SIGN PERMIT APPLICATION FORM

Permit # _____ Date of Application _____

Applicant's Name _____

Applicant's Mailing Address _____

Phone _____ Fax _____

Property Location _____

Existing Zoning _____

Lot Dimensions

Length _____ Width _____

Area _____ Street Frontage _____

Existing Signage _____

(Complete for Each Type of Sign Requested)

	Attached Sign		Freestanding Sign		Ground Sign	
	Required	Proposed	Required	Proposed	Required	Proposed
Setback						
from R/W	_____	_____	_____	_____	_____	_____
Distance from						
right lot line	_____	_____	_____	_____	_____	_____
Distance from						
left lot line	_____	_____	_____	_____	_____	_____
Area of Sign						
(one side sq. ft.)	_____	_____	_____	_____	_____	_____
Height of sign						
(to bottom)	_____	_____	_____	_____	_____	_____

	Attached Sign		Freestanding Sign		Ground Sign	
	Required	Proposed	Required	Proposed	Required	Proposed
Height of sign (to Top)	_____	_____	_____	_____	_____	_____
Height of existing bldg.	_____	_____	_____	_____	_____	_____
Type of lighting	_____					
Comments:	_____					

Permit Fee: Attach a Check Made Payable to the *Town of Fairview* in the amount of **\$35**.

Attach the following:

- 1) For free standing and ground signs, a copy of a scaled dimensional survey showing all property lines, right-of-way lines, and the exact shape and dimensions of the lot on which the sign is to be located. On this survey the applicant shall sketch the proposed location of the sign. Alternatively, the applicant may draw a sketch with the above information and sign the sketch.
- 2) A message side elevation drawing of the sign showing height from the ground to the bottom and top of sign, dimensions of sign, and support structure.

Send completed application and check to: Town of Fairview, Attn: Ed Humphries

7400 Concord Highway Monroe NC 282110

I hereby certify that all of the information provided for this application and all attachments is true and correct to the best of my knowledge. I further certify that I am familiar with all the requirements of the Land Use Ordinance concerning this proposed use. Any violation of the Land Use Ordinance will be grounds for revoking this permit and any subsequent permit issued the Town of Fairview.

APPLICANT

DATE

(This Portion of the Application Shall be Filled Out by the Land Use Administrator)

Based on the information hereby furnished to me and my knowledge of the Town of Fairview Land Use Ordinance, I hereby _____ this zoning Permit.

Approve Disapprove

Land Use Administrator

Date